MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/622448

FILING DATE

APPLICANT(S)

Art 34   Pre-Amend CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	1		1		1		51							
2		1		1		1	52							
3		2		2		1	53							
4		6		6		1	54							
5		1		1			55							
6		1		1		1	56							
7		1		1		1	57							
8	1			1		1	58							
9		1		1			59							
10		2		1			60							
11		1					61							
12		1					62	1						
13		1					63							
14		1					64							
15		1					65							
16		1					66							
17		1					67							
18		1					68							
19							69							
20							70							
21							71							
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36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	2		1		1		TOTAL IND.							
TOTAL DEP.	18		10		4		TOTAL DEP.							
TOTAL CLAIMS	20		11		10		TOTAL CLAIMS							